

# EXHIBIT 55

**PRIMECARE MEDICAL, INC.**  
**Bucks County Correctional Facility**

Page 1 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

Effective Date: 01/01/03      Revised: 01/01/06, 01/01/09, 01/01/10, 09/01/12, 01/01/14,  
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Reference: NCCHC 2018 (J-B-05)

Approval: \_\_\_\_\_

Approval: \_\_\_\_\_

Approval: \_\_\_\_\_

Warden Approval: \_\_\_\_\_

*[Handwritten signatures and dates]*  
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3/11/19  
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- I. PURPOSE:** To provide a program for identifying, responding and, hopefully, preventing suicide by patients.
- II. SCOPE:** Applies to Bucks County Correctional Facility (BKS).
- III. DEFINITIONS:**

Acutely suicidal (active) inmates are those who are actively engaging in self-injurious behavior and/or threaten suicide with a specific plan.

Nonacutely suicidal (potential or inactive) inmates are those who express current suicidal ideation (e.g., expressing a wish to die without a specific threat or plan) and/or have a recent history of self-destructive behavior.

CMHS – Correctional Mental Health Staff

- IV. POLICY:** PCM policy requires that a written plan for identifying and responding to suicidal individuals be developed, implemented when needed, and reviewed periodically by all PCM staff members. PCM also endorses the philosophy that every effort will be made to prevent suicides and serious suicide attempts through identification of individuals at risk for suicide through implementation of this policy and its associated procedures.

A treatment plan should be developed or revised for any patient expressing suicidal ideation and its reoccurrences. This treatment plan should be developed by the mental health staff in conjunction with the patient to address relapse prevention and initiate a risk management plan. The risk management plan should describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur; how recurrence of suicidal thoughts can be avoided; and actions the patient or staff can take if suicidal thoughts do occur.

**Bucks County Correctional Facility**

Page 2 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

Patients may become suicidal at any time during their incarceration. Suicidal behavior is more likely at critical periods of time including commitment and the first several days thereafter, court hearings, sentencing, new criminal charges, after adjudication, following the receipt of bad news regarding self or family, after suffering some type of humiliation or rejection, and when the patient is in the early stages of recovery from severe depression.

**A. SUICIDE PREVENTION PROGRAM:**

1. All PCM staff should receive training in the identification, assessment, monitoring, and intervention used in suicide prevention. The responsible health authority and facility administrator shall review, approve, and recommend changes to all PCM suicide Policies and Procedures.
  - a) Training. All staff members who work with patients shall be trained to recognize verbal and behavioral clues that indicate potential suicide, and how to respond appropriately. Initial and annual training should be provided, although annual training is highly recommended. Training, when dictated by local authority, should be conducted by an appropriately trained Health Care professional. The training will also encompass the use of the Suicide Prevention Screening Guidelines – NY Model.
  - b) Identification. The Receiving Screening Form and the Suicide Prevention Screening Guidelines (NY Model) contains observation and an interview item related to the patient's potential suicide risk. If a PCM staff member or correctional staff identifies someone who is potentially suicidal, that patient is to be placed on suicide precautions and is referred immediately to a qualified mental health professional.

For CorEMR Facilities:

- a. Under the Intake Suicide Screening Form the following: Auto tasks may be generated based upon specific answers to questions: A numerical score of eight (8) or greater:

Task: Nurse: Review suicide screening score

Task: Mental Health: Review suicide screening score

**Bucks County Correctional Facility**

Page 3 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

- c) Referral. PCM or correctional staff can refer potentially suicidal patients (those who have attempted suicide, and those they believe may be suicidal) to mental health care providers. Mental health staff will act upon a referral of a non-emergency within twenty-four (24) hours of the business day following the referral and seen within 72 hours. Emergencies will be addressed immediately. PCM nurses or providers should initiate a suicide watch pending the mental health evaluation.
- d) Evaluation. An evaluation by a qualified mental health professional will be conducted with every patient that: 1) screens positive for suicide risk, 2) is placed on suicide watch by other staff, or 3) screens positive for possible mental illness. The assessment should be conducted in a private setting, not by the cell door, in the dayroom, or other non-private location. The qualified mental health professional will designate the individual's level of suicide risk and level of supervision needed. This may include petitioning the court for an involuntary commitment to a state forensic hospital.

Suicide risk assessments must always provide a sufficient description of the current behavior and justification for a particular level of observation and/or discharge from suicide precautions. The assessment should include a mental status examination, a listing of both static and variable risk factors, a listing of any protective factors, a level of suicide risk (i.e., low, medium, high), and a treatment plan.

Patients on suicide watch or identified as at risk of suicide will be evaluated daily by mental health staff (or nursing staff if mental health staff are not available) to monitor changes in suicidal ideation, mood, affect, cognition, behavior, stressors, etc. that affect relative risk for suicidal behavior. Changes in risk level may require modification of suicide watch level. Only licensed mental health professionals can modify or discontinue suicide watch levels. Unlicensed mental health professionals must have the approval (as indicated by a signature) of a licensed mental health professional in order to modify or discontinue suicide watch levels. There must be written justification for each decision documented in the medical chart.

**Bucks County Correctional Facility**

Page 4 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

- e) Treatment. Treatment strategies should include treatment needs when a patient is a heightened risk for suicide.

Individual treatment plans are developed for all patients held on suicide precautions for more than 24 hours. The plans should describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts are avoided or managed, and actions the patient or staff can take if suicidal thoughts do occur. Typically, treatment plans are detailed in the plan section of a “sick call” on CorEMR.

Treatment plans shall include the provision of follow-up evaluations within the first 24 hours, then the following 72 hours, the next week, and then periodically. Subsequent follow-ups should be determined based on the clinical assessment but not to exceed 90 days. Note: Inmates that are on the D Roster (see Mental Health Stability Rating (MHSR) Scale PCM-G-04 for definition) are seen at minimum every 30 days.

- f). Housing. A patient who is identified as being at risk for suicide shall be placed in an area where regularly scheduled observations are made and those observations documented. If possible, a patient on suicide watch should not be placed in isolation (or single celled). Rather he/she should be housed with another patient or in dormitory-style housing and checked on an irregular schedule not to exceed the maximum interval indicated by the specific suicide watch level.

The room should be as suicide-proof as possible (without protrusions of any kind that would enable a hanging). If the potentially suicidal patient is deemed to be at high risk, constant observation is required. Use of inmates for monitoring is not permitted and not a substitution for staff supervision.

The use of inmates in any way (e.g., companions, suicide prevention aides) is not a substitute for staff supervision.

All patients on suicide precautions shall be allowed all routine privileges (e.g., visitation, telephone calls, out-of-cell time) unless it is contraindicated, with written justification in the medical

**Bucks County Correctional Facility**

Page 5 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

chart, as determined on a case-by-case basis by a qualified mental health professional or in cases where the patient has lost privileges as the result of disciplinary sanctions.

- g) Monitoring. Procedure for monitoring inmates at risk of suicide should be unpredictable and documented appropriately with irregular intervals not to exceed fifteen (15) minutes. Acutely suicidal inmates housed alone in a room should be monitored by staff(closed circuit television/inmate companions) can supplement, but never substitute for, direct staff monitoring.
- h) Communication. Procedures for communication between PCM health care and correctional personnel regarding the status of the patient must be in place to provide clear and current information. These procedures also include communication between transferring authorities, e.g., county facilities, medical/psychiatric facilities and correctional personnel. Communication must be in written format.  
  
At minimum, a DOJ will be issued documenting all changes in suicide precautions, suicide watch levels, observation, and housing.
- I) Intervention. There are procedures addressing how to handle a suicide attempt in progress, including appropriate response, first aid, and CPR measures.
- j) Notification. Procedures are in place stating when correctional administrators, outside authorities, and family members are notified of potential, attempted, or completed suicides.
- k) Reporting. Procedures for documenting the identification and monitoring of potential or attempted suicides are detailed, as are procedures for reporting a completed suicide.
- l) Review. There are procedures for medical and administrative review if a suicide or a serious suicide attempt (as defined by the suicide plan) occurs. See C,J-A-09 Procedure in the Event of an Inmate Death for details on these processes.

**Bucks County Correctional Facility**

Page 6 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

- m) Debriefing. The facility specifies the procedures for offering timely critical incident debriefing to all affected personnel and patients. Debriefing is a process whereby individuals are provided an opportunity to express their thoughts and feelings about a critical incident (i.e., suicide attempt, suicide), develop an understanding of critical stress symptoms, and develop ways of dealing with those symptoms.

2. Levels of suicide watch:

**Constant Observation** - This level is reserved for the patient who is actively / acutely suicidal, either threatening or engaging in self-injurious behavior and would be considered an extreme risk for suicide or serious self-injury. Staff shall observe such a patient on a continuous uninterrupted basis and have a clear unobstructed view of the patient at all times. Observations shall be documented at irregular 15-minute intervals. Licensed mental health professionals can modify or discontinue suicide watch levels. Unlicensed mental health professionals must have the approval (as indicated by a signature) of a licensed mental health professional in order to modify or discontinue suicide watch levels.

**LEVEL I – Suicide Watch CMHS** This level is for patients who are not actively suicidal but

- a) express suicidal ideation and have the details of a plan fully or partially worked out with some intent to commit suicide, or
- b) have recently (within 30 days) attempted suicide, or
- c) engaged in serious self-injurious behavior (requiring hospitalization or medical attention), or
- d) demonstrates other concerning behavior (through actions, current circumstances or recent history) indicating the potential for serious self-injury.

These patients would be considered medium to high risk for suicide. Licensed mental health professionals can modify or discontinue suicide watch levels. Unlicensed mental health professionals must have the approval (as indicated by a signature) of a licensed mental health professional in order to modify or discontinue suicide watch levels.



**Bucks County Correctional Facility**

Page 7 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

This level may be utilized whenever staff (e.g., nursing, custody staff) believes a patient is at moderate to high risk for suicidal behavior, pending an evaluation by a qualified mental health professional.

Patients on this level are issued a suicide smock, suicide blanket, and a suicide mattress. The cell is stripped of potentially dangerous items. The patient will not be permitted underwear, sharps, belts, and shoelaces. The patient will receive meals as “finger food” as no utensils are permitted on this level. Hygiene articles such as toothbrush, toothpaste, toilet paper are stored in the patient’s property. Hygiene supplies must be requested from security staff who will closely observe their use.

Exercise (out of cell time) and showers are provided for the same amount of time and frequency as patients do in general population.

Patients are to be permitted phone calls and visitation as they would in general population unless clinically contraindicated. If such privileges are contraindicated, clinical justification must be documented in the medical chart (in this case a DOJ would be issued to restrict the patient’s phone access and/or visitation privileges).

Eyeglasses, dentures, prosthetic devices, and wheelchairs may be permitted on an individual basis if ordered by the qualified mental health professional or a physician.

Staff shall observe the patient at random, staggered intervals not to exceed 15minutes, (e.g. 5 min, 11 min, 7 min). The checks will be made by direct visual observation of the patient to verify movement. All checks will be documented.

Patients on Level I suicide watch will be seen by medical staff once daily, and by mental health staff daily Monday through Friday.

**LEVEL II – Suicide Watch CMHS** This level is the default level for a patient who has suicidal ideation, without a specific plan, to commit suicide. This level is for patients who are not actively suicidal, but express suicidal ideation (e.g. a wish to die without a specific threat or plan) and/or has a prior history of self-destructive behavior. This also applies to patients that deny suicidal ideation, but demonstrates other concerning behavior (through actions, current circumstances, or recent



**Bucks County Correctional Facility**

Page 8 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

history) indicating the potential for self-injury. Licensed mental health professionals can modify or discontinue suicide watch levels. Unlicensed mental health professionals must have the approval (as indicated by a signature) of a licensed mental health professional in order to modify or discontinue suicide watch levels.

This level is also used for patients that score an eight (8) or higher on the Suicide Screening Form who are not actively suicidal and have had no recent suicide attempts.

Note: patients charged with any sex offense or those that are high-profile should also be placed on this watch level (unless they meet criteria for Level I or constant observation) even if they do not score an eight or higher on the screen.

Level II is also used as a step-down from Level I suicide watch.

Patients on this level are issued a jumpsuit or prison uniform, underwear, shoes (no shoelaces), a mattress, and a suicide blanket. They are permitted regular food with a spork. They are placed in a stripped cell with no socks, no sheets, no sharps, and no belts.

Eyeglasses, dentures, prosthetic devices, and wheelchairs may be permitted on an individual basis if ordered by the qualified mental health professional or a physician.

Exercise (out of cell time) and showers are provided for the same amount of time and frequency as patients do in general population.

Patients are to be permitted phone calls and visitation as they would in general population unless clinically contraindicated. If such privileges are contraindicated, clinical justification must be documented in the medical chart (in this case a DOJ would be issued to restrict the patient's phone access and visitation privileges).

Staff shall observe the patient at staggered intervals not to exceed 15 minutes (e.g. 5 min, 11 min, 7 min). The checks will be made by direct visual observation of the patient to verify movement. All checks will be documented.

Patients on Level II suicide watch will be seen by medical staff once per day and by mental health staff daily Monday through Friday.

**LEVEL III – CMHS Psychiatric Observation:** This level is not used for suicide prevention, but reserved for the patient whose behavior warrants closer observation. The patient's status does not meet criteria for suicide precautions. This level of observation is typically involves observation of a patient by correctional staff at staggered intervals not to exceed 30 minutes (e.g. 15min, 20 min, 25 min). Correctional staff must document the 30-minute checks. Use of this level of observation occurs only as a step down from other suicide levels at random 30-minute intervals (checks are conducted by direct visual observation). All checks will be documented. Licensed mental health professionals can modify or discontinue suicide watch levels this is not a suicide watch. Unlicensed mental health professionals must have the approval (as indicated by a signature) of a licensed mental health professional in order to modify or discontinue suicide watch levels.

The patient has all rights and privileges as he/she would in general population. He/she will wear regular prison issue and underwear and be provided a mattress, linen and blanket, and all hygiene items. Patients are permitted shower shoes and sneakers/shoes with laces. Food is provided on a regular tray with eating utensils and drinking cup. Exercise (out of cell time) and showers are provided for the same amount of time and frequency as patients do in general population. Patients on Level III CMHS status will be seen by medical staff daily, and will be seen by mental health staff every other day (once every 48 hours) Monday through Friday.

3. Potentially suicidal patients and those that have attempted suicide are referred to a qualified mental health professional for evaluation.

A patient who was evaluated as being at risk for suicide by a qualified mental health professional should not go from constant watch, level I, and level II suicide watch to general population. Patients must be stepped-down to successive less restrictive levels of suicide watch before being cleared for general population. Licensed mental health professionals can modify or discontinue suicide watch levels. Unlicensed mental health professionals must have the approval (as indicated by a signature) of a licensed mental health professional in order to modify or discontinue suicide watch levels.

**Bucks County Correctional Facility**

Page 10 of 10

Policy Name: **Suicide Prevention And Intervention**

Number: BKS J-B-05

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4. Suicidal behavior or indications are to be reported to the PCM medical staff immediately. The HSA will also report these in the Daily Log.
5. Communication between correctional and medical staff is crucial in avoiding a suicide attempt. Correctional staff must implement the suicide observation schedule established by the medical staff. Medical staff should observe patients who are on suicide watch in accordance with the segregated patient's policy.
6. If a suicide is in progress, staff should immediately call for assistance before providing emergency care; i.e. first aid, CPR. If the victim is discovered hanging, those encountering the situation should call for assistance and lift the patient as high as possible to reduce tension on the noose if unable to free the victim and wait for additional assistance to arrive. If the attempt is by other means, staff should call for assistance before beginning to administer first aid and/or CPR.
7. Notify the facility shift commander and PCM Health Services Administrator/Medical Director as soon as possible regarding a serious attempt or completed suicide.
8. PCM Medical Director and PCM Health Services Administrator must ensure that procedures for documenting the identification and monitoring of potential, attempted suicide, or completed suicides are detailed. There must be a local procedure for medical and administrative review of any suicide or a serious suicide attempt.

**IN ALL CASES**, the facilities' security policies supersede PCM suicide prevention plans. PCM suicide prevention plan may be altered to meet the needs of each individual situation.

**V. PROCEDURE:**

1. Bucks County Correctional Facility follows the Suicide Prevention Program as outlined in the above policy.

**PRIMECARE MEDICAL, INC.**  
**Bucks County Correctional Facility**

Page 1 of 2

Policy Name: **Contraception**

Number: BKS J-B-06

Effective Date: 10/01/14      Revised: 07/01/14, 01/01/16, 01/31/17, 11/01/18

Reference: NCCHC 2018 (J-B-06)

Approval: [Signature] 03/13/19  
Approval: J. Zeehler BSC/HBA 3/11/19  
Approval: J. Thomas, RN 3/11/19

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- I. PURPOSE:** To provide women with unbiased counseling about pregnancy prevention, including emergency contraception. For women who are on a method of contraception at intake, continuing of contraception is considered if medically indicated.
- II. SCOPE:** Applies to Bucks County Correctional Facility (BKS).
- III. POLICY:** Prior to incarceration, women may have engaged in sexual behaviors that put them at risk for an unintended pregnancy. Recent unprotected heterosexual intercourse provides an opportunity to offer emergency contraception if the patient wishes to reduce their chance of becoming pregnant.

PCM shall:

1. Ensure contraception is available in accordance with local jurisdiction requirements and regulations, to include emergency contraception to reduce their chance of pregnancy.
2. Continuing contraception is available after completion of the receiving screening, after a recent sexual assault that carries the risk of an unwanted pregnancy, and when medically necessary
3. Information about contraception methods and community resource is available. This Comprehensive counseling and assistance is offered to the female patient, which includes the use of local community resources which are available.
4. Women of reproductive age should have the opportunity to discuss with a qualified health care professional their future desires for either becoming pregnant or preventing pregnancy. Health staff can facilitate family planning services by providing resources upon release and/or providing information on community resources.